

Aligning the National & State eHealth Agenda

Patricia MacTaggart

Patricia.mactaggart@hhs.gov

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Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap Draft

VISION

High-quality care,
lower costs, healthy population,
and engaged people

MISSION

Improve the health and
well-being of individuals and
communities through the
use of technology and health
information that is accessible
when and where it matters most



National Interoperability Roadmap Draft:

Functional and Business Requirements for a Learning Health System



Core technical standards and functions

1. Consistent data formats and semantics
2. Consistent, secure transport technique(s)
3. Standard, secure services
4. Accurate identity matching
5. Reliable resource location

Certification to support adoption and optimization of health IT products and services

6. Stakeholder assurance that health IT is interoperable

Privacy and security protections for health information

7. Ubiquitous, secure network infrastructure
8. Verifiable identity and authentication of all participants
9. Consistent representation of permission to collect, share, and use identifiable health information
10. Consistent representation of authorization to access health information

Supportive business, clinical, cultural, and regulatory environments

11. A supportive business and regulatory environment that encourages interoperability
12. Individuals are empowered to be active managers of their health
13. Care providers partner with individuals to deliver high value care

Rules of engagement and governance

14. Shared governance of policy and standards that enable interoperability

State Innovation Model grants have been awarded in two rounds



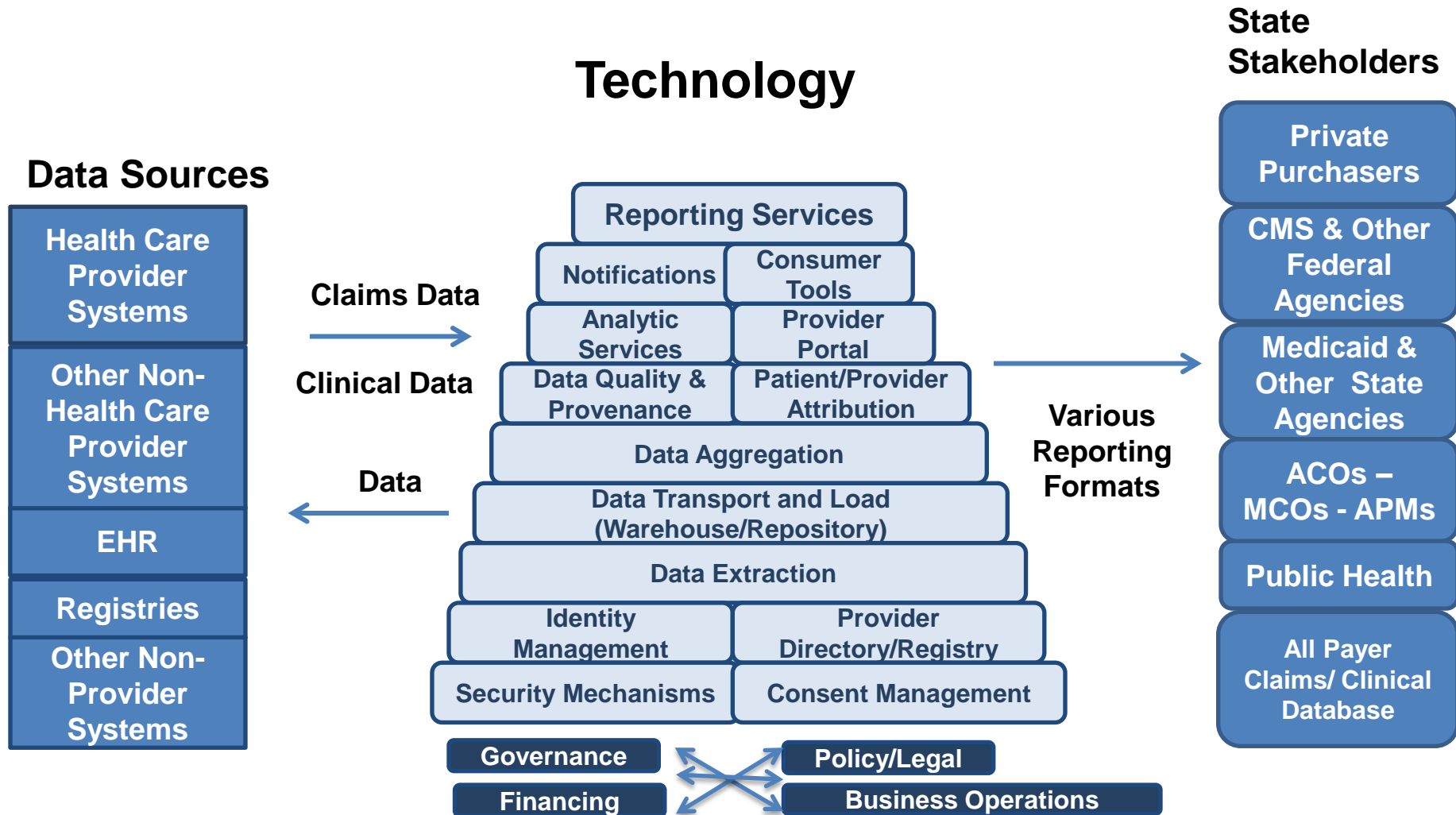
- CMS is testing the ability of **state governments to utilize policy and regulatory levers** to accelerate health care transformation
- Primary objectives include
 - Improving the **quality of care** delivered
 - Improving **population health**
 - Increasing **cost efficiency** and expand **value-based payment**
- SIM must reach a preponderance of care in the state
- Primary goal: Over 80% of payments to providers from all payers in the state are in value-based purchasing and/or alternative payment models by end of performance period

Category 1	Category 2	Category 3	Category 4
Fee-for-service with no link of payment to quality	Payment Linked to Quality	Alternative Payment Models	Population-based Payment



Health IT Stack

for Value-based Payment Models & the Learning Health System



State, Plan and Purchaser Opportunities to Utilize Policy Levers for State Innovation Grant Awardees



- **Direct Infrastructure/Activity**
- **Statutory/ Regulatory Authority**
- **Private and Public Contractual Requirement**
 - **Participation**
 - **Payment**